

**Index of Claims**

**Application No.**

10/018,503

**Examiner**

Eleni A Shiferaw

**Applicant(s)**

VITIKAINEN, TIMO

**Art Unit**

2136

|   |                 |
|---|-----------------|
| ✓ | <b>Rejected</b> |
| = | <b>Allowed</b>  |

|   |  |
|---|--|
| - | <b>(Through numeral)<br/>Cancelled</b> |
| ÷ | <b>Restricted</b>                      |

|   |                     |
|---|---------------------|
| N | <b>Non-Elected</b>  |
| I | <b>Interference</b> |

|   |                 |
|---|-----------------|
| A | <b>Appeal</b>   |
| O | <b>Objected</b> |

| <b>Claim</b> |          | <b>Date</b> |  |
|--------------|----------|-------------|--|
| Final        | Original |             |  |
|              | 2/4/05   |             |  |
| 1            | ✓        |             |  |
| 2            | ✓        |             |  |
| 3            | ✓        |             |  |
| 4            | ✓        |             |  |
| 5            | ✓        |             |  |
| 6            | ✓        |             |  |
| 7            | ✓        |             |  |
| 8            | ✓        |             |  |
| 9            | ✓        |             |  |
| 10           | ✓        |             |  |
| 11           | ✓        |             |  |
| 12           | ✓        |             |  |
| 13           | ✓        |             |  |
| 14           | ✓        |             |  |
| 15           | ✓        |             |  |
| 16           | ✓        |             |  |
| 17           | ✓        |             |  |
| 18           | ✓        |             |  |
| 19           | ✓        |             |  |
| 20           | ✓        |             |  |
| 21           | ✓        |             |  |
| 22           | ✓        |             |  |
| 23           | ✓        |             |  |
| 24           | ✓        |             |  |
| 25           | ✓        |             |  |
| 26           | ✓        |             |  |
| 27           | ✓        |             |  |
| 28           | ✓        |             |  |
| 29           | ✓        |             |  |
| 30           | ✓        |             |  |
| 31           | ✓        |             |  |
| 32           | ✓        |             |  |
| 33           | ✓        |             |  |
| 34           | ✓        |             |  |
| 35           | ✓        |             |  |
| 36           | ✓        |             |  |
| 37           | ✓        |             |  |
| 38           | ✓        |             |  |
| 39           | ✓        |             |  |
| 40           | ✓        |             |  |
| 41           | ✓        |             |  |
| 42           | ✓        |             |  |
| 43           | ✓        |             |  |
| 44           |          |             |  |
| 45           |          |             |  |
| 46           |          |             |  |
| 47           |          |             |  |
| 48           |          |             |  |
| 49           |          |             |  |
| 50           |          |             |  |

| <b>Claim</b> |          | <b>Date</b> |  |
|--------------|----------|-------------|--|
| Final        | Original |             |  |
| 51           |          |             |  |
| 52           |          |             |  |
| 53           |          |             |  |
| 54           |          |             |  |
| 55           |          |             |  |
| 56           |          |             |  |
| 57           |          |             |  |
| 58           |          |             |  |
| 59           |          |             |  |
| 60           |          |             |  |
| 61           |          |             |  |
| 62           |          |             |  |
| 63           |          |             |  |
| 64           |          |             |  |
| 65           |          |             |  |
| 66           |          |             |  |
| 67           |          |             |  |
| 68           |          |             |  |
| 69           |          |             |  |
| 70           |          |             |  |
| 71           |          |             |  |
| 72           |          |             |  |
| 73           |          |             |  |
| 74           |          |             |  |
| 75           |          |             |  |
| 76           |          |             |  |
| 77           |          |             |  |
| 78           |          |             |  |
| 79           |          |             |  |
| 80           |          |             |  |
| 81           |          |             |  |
| 82           |          |             |  |
| 83           |          |             |  |
| 84           |          |             |  |
| 85           |          |             |  |
| 86           |          |             |  |
| 87           |          |             |  |
| 88           |          |             |  |
| 89           |          |             |  |
| 90           |          |             |  |
| 91           |          |             |  |
| 92           |          |             |  |
| 93           |          |             |  |
| 94           |          |             |  |
| 95           |          |             |  |
| 96           |          |             |  |
| 97           |          |             |  |
| 98           |          |             |  |
| 99           |          |             |  |
| 100          |          |             |  |

| <b>Claim</b> |          | <b>Date</b> |  |
|--------------|----------|-------------|--|
| Final        | Original |             |  |
| 101          |          |             |  |
| 102          |          |             |  |
| 103          |          |             |  |
| 104          |          |             |  |
| 105          |          |             |  |
| 106          |          |             |  |
| 107          |          |             |  |
| 108          |          |             |  |
| 109          |          |             |  |
| 110          |          |             |  |
| 111          |          |             |  |
| 112          |          |             |  |
| 113          |          |             |  |
| 114          |          |             |  |
| 115          |          |             |  |
| 116          |          |             |  |
| 117          |          |             |  |
| 118          |          |             |  |
| 119          |          |             |  |
| 120          |          |             |  |
| 121          |          |             |  |
| 122          |          |             |  |
| 123          |          |             |  |
| 124          |          |             |  |
| 125          |          |             |  |
| 126          |          |             |  |
| 127          |          |             |  |
| 128          |          |             |  |
| 129          |          |             |  |
| 130          |          |             |  |
| 131          |          |             |  |
| 132          |          |             |  |
| 133          |          |             |  |
| 134          |          |             |  |
| 135          |          |             |  |
| 136          |          |             |  |
| 137          |          |             |  |
| 138          |          |             |  |
| 139          |          |             |  |
| 140          |          |             |  |
| 141          |          |             |  |
| 142          |          |             |  |
| 143          |          |             |  |
| 144          |          |             |  |
| 145          |          |             |  |
| 146          |          |             |  |
| 147          |          |             |  |
| 148          |          |             |  |
| 149          |          |             |  |
| 150          |          |             |  |